

INSTRUCTIONS

The IHSS Protective Supervision 24-Hours-A-Day Coverage Plan (SOC 825) is an optional form for County use. The SOC 825 is intended to ensure that recipients who need Protective Supervision have the 24-hours of care needed for their health and safety 24 hours a day. The recipient's social service worker and the IHSS care provider(s), whether a family member, friend, or no relation at all, should discuss together a plan or schedule of 24 hours a day of coverage for the recipient.

NAME OF IHSS RECIPIENT: Enter the full name of the IHSS recipient.

RECIPIENT'S TELEPHONE NUMBER: Enter the contact telephone number for the recipient.

ADDRESS OF IHSS RECIPIENT: Enter the recipient's home address where the majority of the 24-hours-a-day coverage will be performed.

NAME OF PRIMARY CONTACT RESPONSIBLE: Enter the name of the person with primary responsibility for coordinating the recipient's 24-Hours-A-Day Coverage Plan.

PRIMARY CONTACT'S TELEPHONE NUMBER: Enter the telephone number for the primary contact responsible.

RELATIONSHIP TO RECIPIENT: Enter the relationship of the primary contact to the recipient, (i.e., family member, IHSS care provider, friend, etc.).

NAME OF CARE PROVIDER(S) (1), (2), (3), and CONTACT TELEPHONE NUMBER(S): Enter the name(s) of each care provider responsible for the recipient's care during the 24 hours a day of coverage. Enter a contact telephone number for each care provider.

If more than three (3) care providers are responsible for this recipient, an additional sheet of paper can be attached with name(s) and contact telephone number(s).

Describe the implementation of the Protective Supervision 24-Hours-A-Day Coverage Plan:

Enter the planned schedule, or explanation of the plan in which the above provider(s) will ensure the recipient is cared for the entire 24-hour period. An additional sheet of paper can be attached if more space is needed to describe the 24-Hours-A-Day Coverage Plan.

SIGNATURE OF PRIMARY CONTACT RESPONSIBLE and DATE: Once the 24-Hours-A-Day Coverage Plan is developed, the primary contact responsible will sign and date the form when the Plan is discussed with the social worker authorizing the need for Protective Supervision.

SIGNATURE OF IHSS SOCIAL WORKER and CONTACT TELEPHONE NUMBER: When the 24-Hours-A-Day Coverage Plan is discussed and signed and dated by the primary contact, the county social service worker will sign the form and add their contact telephone number.

A copy of the form is to be provided to the primary contact and retained in the County case file.

**PROTECTIVE SUPERVISION
24-HOURS-A-DAY COVERAGE PLAN**

PLEASE PRINT

NAME OF IHSS RECIPIENT:

RENEE APELO - 0264326

RECIPIENT'S TELEPHONE #:

(408) 564-9926

ADDRESS OF IHSS RECIPIENT:

140 Mirror CT Patterson, CA 95363-8304

NAME OF PRIMARY CONTACT RESPONSIBLE:

Flora Tarcila E. Apelo

CONTACT'S TELEPHONE #:

(408) 966-9099

RELATIONSHIP TO RECIPIENT:

Mother

As the primary contact for arranging the 24-hour-a-day coverage plan for the above named Recipient, I acknowledge my understanding of the following:

- A 24-hour-a-day coverage plan has been arranged and is in place.

The continuous 24-hour-a-day coverage plan can be met regardless of paid In-Home Supportive Service (IHSS) hours along with various alternate resources (i.e.; Adult or Child Day Care Centers, community resource centers, Senior Centers, respite centers, etc.)

- The 24-hour-a-day coverage plan will be provided at all times.
- If there is any change to the 24-hour-a-day coverage plan (i.e. hospitalization, attendance in day-care programs, travel, etc.) I will immediately **notify the IHSS social worker**.
- The above name Recipient has an established need for 24-hour-a-day Protective Supervision if he/she is to remain safely in the home. The IHSS social worker has also discussed with me the appropriateness of out-of-home care as an alternative to 24-hour-a-day Protective Supervision.

NAME OF CARE PROVIDER (1):

Flora Tarcila E. Apelo

CONTACT PHONE #:

(408) 966-9099

NAME OF CARE PROVIDER (2):

Rene A. Apelo

CONTACT PHONE #:

(408) 564-9926

NAME OF CARE PROVIDER (3):

CONTACT PHONE #:

Describe the implementation of the Protective Supervision 24-Hour-A-Day Coverage Plan:

Either or both parents provide 24-hour-a-day supervision to recipient, Renee Apelo.

SIGNATURE OF PRIMARY CONTACT RESPONSIBLE:

DATE:

08/23/2023

SIGNATURE OF IHSS SOCIAL WORKER:

CONTACT PHONE #:

(209) 558-2273